

IN THE GENERAL SESSIONS COURT OF \_\_\_\_\_ COUNTY, TENNESSEE

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\_\_\_\_\_) )  
Plaintiff ) )  
vs ) )  
\_\_\_\_\_) )  
Defendant ) )

No. \_\_\_\_\_

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**CONSENT TO TESTIMONY BY AFFIDAVIT OR DEPOSITION UNDER  
TENN. CODE ANN. §33-3-615\***

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I consent to the testimony by affidavit or deposition of the certifying professionals in this hearing before the General Session Court for emergency hospitalization pending a hearing on a complaint for involuntary hospitalization. The certifying professionals are:

\_\_\_\_\_ and \_\_\_\_\_.

I have signed this consent after consultation with my attorney.

\_\_\_\_\_, \_\_\_\_\_  
Date Signature of Defendant

Filed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME of ATTORNEY for DEFENDANT

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
BPR NUMBER

\*This consent must be signed by the defendant and counsel or by counsel.